FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burde	en								
hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Jones Robert B</u>						2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC ACUR							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
													X Directo	r	10% Ov	vner	
(Last) (First) (Middle) C/O ACURA PHARMACEUTICALS, INC. 616 N NORTH COURT						1001.1							X Officer below)	(give title	Other (s below)	specify	
						3. Date of Earliest Transaction (Month/Day/Year) 12/11/2017							President and CEO				
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
PALATII	NE IL		60067										X Form fi	led by One Re	eporting Perso	n	
													Form filed by More than One Reporting Person				
(City)	(St	ate)	(Zip)														
		Tab	le I - Non	-Deriv	ative/	e Se	curities	s Ac	quired, Di	sposed o	of, or Be	neficial	ly Owned	1			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ar) E	A. Deemed xecution Date, any /onth/Day/Year)		Code (Instr. 5)				Beneficia	es Form ially (D) of Following (I) (II	orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code V	Amount	(A) or (D) Prio		Transact (Instr. 3	ion(s)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/Y	ate, T	4. Transa Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units ⁽¹⁾	(2)	12/11/2017			A		41,000		(3)	(3)	Common Stock	41,000	(4)	41,000	D		

Explanation of Responses:

- 1. Awarded under the Acura Pharmaceuticals Inc. 2017 Restricted Stock Unit Award Plan (the "Plan").
- 2. Par value of \$.01 must be paid by Reporting Person upon exchange of Restricted Stock Units for stock.
- 3. 100% of Restricted Stock Units vest on December 11, 2018 or earlier if Reporting Person's service as an employee of Issuer is terminated by Issuer without Cause (as defined in the Plan) or due to Reporting Person's death or Disability (as defined in the Plan) or a qualifying change of control occurs. Distributions in respect of vested Restricted Stock Units will be made in three equal installments on the first business day of each of January 2020, 2021, and 2022 or earlier upon a qualifying change of control which also meets certain criteria of Section 409A of the Internal Revenue Code. 4. N/A

Remarks:

/s/ Robert Jones 12/11/2017

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.